

**St. Timothy School**

5365 Memorial Drive  
Stone Mountain, GA 30083  
Phone 404.297.8913  
Fax 404.292.3396  
www.sttimothyschool.com



OFFICE USE ONLY			
Entering grade	_____	Classroom	_____
<u>Received:</u>			
Health Forms	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> On File
Transcript	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Birth Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Student Info Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Assessment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Approved by Dir.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date _____
<u>Fees Received:</u>			
Application Fee	<input type="checkbox"/> \$50		
Registration Fee	<input type="checkbox"/> \$195	<input type="checkbox"/> \$150	<input type="checkbox"/> _____
Materials Fee	<input type="checkbox"/> \$285	<input type="checkbox"/> Other	<input type="checkbox"/> N/A
B/A Registration Fee	<input type="checkbox"/> \$75	<input type="checkbox"/> Other	<input type="checkbox"/> N/A

St. Timothy School is an extension of the church's program of Christian education. It is governed by a church Board of Directors. Our mission is to empower students to become their best selves, spiritually, intellectually, physically, emotionally, and socially, in a Christian environment. St. Timothy School does not discriminate on the basis of race, color, or national or ethnic origin in the administration of its educational policies, admissions policies, financial assistance, or other school-administered programs. An ACSI Accredited School.

**2017-2018 Registration Form** *All sides of this form must be completed.*

**Student Information**

Student's Full Name \_\_\_\_\_  
Last First Middle Name Child Prefers

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Circle: Male or Female Social Security # \_\_\_\_\_

Address \_\_\_\_\_  
Street, Apt. City State Zip

Home Phone \_\_\_\_\_ Mom's Cell Phone \_\_\_\_\_ Dad's Cell Phone \_\_\_\_\_

Last School Attended\* \_\_\_\_\_ School Phone \_\_\_\_\_ Current Grade \_\_\_\_\_  
\*Complete Release of Transcript/Records Form if New Student

**Parent/Legal Guardian\*\* Information**

Marital Status  Married  Divorced  Single  Separated or Other \_\_\_\_\_

Child Resides with  Both  Mother  Father  Other \_\_\_\_\_  Custody Documentation\* (Attach copy)

**\*\*Regarding custody, parents and legal guardians, including an agent grandparent, are responsible for providing school appropriate legal papers and/or power of attorney according to the "Power of Attorney for the Care of a Minor Child Act".**

Father's Full Name \_\_\_\_\_  
Last First Middle

Father's Social Security # (Required) \_\_\_\_\_ Father's Email Address \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Address & Phone (If different from child's) \_\_\_\_\_

Mother's Full Name \_\_\_\_\_  
Last First Middle

Mother's Social Security # (Required) \_\_\_\_\_ Mother's Email Address \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Address & Phone (If different from child's) \_\_\_\_\_

**Please attach documents if you answer yes to any of the following questions:** Has your child ever been recommended for testing? Does your child have an IEP from his/her former school? Has the student been tested or diagnosed with ADD/ADHD or ODD?

**The child may be released to the person(s) signing this agreement or to the following:**

\*Name \_\_\_\_\_ Address \_\_\_\_\_  
(Street-City-State-Zip)

Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

\*Name \_\_\_\_\_ Address \_\_\_\_\_  
(Street-City-State-Zip)

Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

**Persons to contact in the case of emergency when parent or guardian cannot be reached:**

Name \_\_\_\_\_ Phone #(s) \_\_\_\_\_

Name \_\_\_\_\_ Phone #(s) \_\_\_\_\_

Name \_\_\_\_\_ Phone #(s) \_\_\_\_\_

Child's doctor or clinic name \_\_\_\_\_

Doctor/clinic phone # \_\_\_\_\_

My child has the following special needs: \_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs while at school: \_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

Should (child's name) \_\_\_\_\_ Date of birth \_\_\_\_\_

suffer an injury or illness while in the care of St. Timothy School and the school is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services. My child will be taken to the nearest emergency room. I authorize to have my child transported.

**Parent/Guardian Name:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Facility Administrator/Person-In-Charge:** *Lora Ingram*, Director

## Preschool (Age Groups for Nursery through Pre-K/Readiness):

Each age group is the **age your child will be on October 1, 2017**. Please check the day(s) of your choice below.  
(Frogs must be out of diapers and in pull-ups; Pandas through PreK must be potty-trained.)

**Nursery\***       5 days (M-F)       3 days (T,W,Th)      \*Complete Infant Feeding Plan & Safe Sleeping forms.  
**Preschool**       5 days (M-F)       3 days (T,W,Th)       Parent's Morning Out  
**Pre-K/Readiness**       5 days (M-F)      (Must be age 4 by 10/1/17 with Teacher recommendation))

## Primary Grades (Kindergarten & Older):

Please check the grade that your child will be in during the 2017-2018 school year.

**Kindergarten** (Must be age 5 by 10/01/17, with extraordinary KRT score and Teacher recommendation)       **Sixth Grade**  
 **First Grade** (Must be age 6 by 10/01/17)       **Seventh Grade**  
 **Second Grade** (Must be age 7 by 10/01/17)  
 **Third Grade**  
 **Fourth Grade**  
 **Fifth Grade**

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## Policy Agreement for the 2017-2018 School Year

### 1. Authorization to Enroll

I am authorized to enroll this student, and understand that in compliance with OCGA 20-2-780 that having enrolled the student, I am the only person who can withdraw the student, unless a court order applies. If needed, a copy of the Power of Attorney for the Care of a Grandchild attached. **Initial here** \_\_\_\_\_

### 2. Application, Registration, Materials, and Before/After School Registration Fees

I understand that the Application Fee, the Registration fee, the Materials Fee, and the Before/After School Registration Fees are non-refundable and non-transferable. I also understand that if my child(ren) do not attend St. Timothy School for any reason or withdraw from St. Timothy School during the school year, I am not entitled to any textbooks or workbooks. All textbooks and workbooks remain the property of St. Timothy School. **Initial here** \_\_\_\_\_

### 3. Parent Handbook and School Policies, including Parent Participation Hours

I agree to read the St. Timothy Parent Handbook and abide by all of the policies, including fulfillment of all parent participation hour requirements, set forth by St. Timothy School. **Initial here** \_\_\_\_\_

### 4. Authorization for Medication

I understand that I must complete an Authorization for Medication Form before my child will be given any medication while at St. Timothy School. I understand that any change in the dosage will require a new form. If there are any adverse reactions, I will be notified. I also understand that I may not send any medication to school with my child or in my child's backpack. I must bring all medication to the main school office and give it to an administrator. **Initial here** \_\_\_\_\_

### 5. Change in Any Enrollment Information

I understand that I must provide St. Timothy School with updated enrollment information as soon as possible. This includes changes in phone numbers, living arrangements, addresses, emergency contact information, and email addresses. **Initial here** \_\_\_\_\_

### 6. School Yearbook, Videos, Field Trips, Media Permission, and Websites

I give permission to include my child's individual photo, classroom photos, and field trip photos in the yearbook, on websites, all performance videos, and promotional materials. Students in Kindergarten and older will take field trips. I understand that I will be notified in advance and provided with information about field trips. **Initial here** \_\_\_\_\_

### 7. Permission to Use the Internet (Students enrolled in Kindergarten & Older)

I give permission for my child to use the Internet for classroom projects. (Students will not be allowed to check their email, "chat" or IM while on the Internet.) **Initial here** \_\_\_\_\_

### 8. Enrollment in FACTS Tuition Management

I understand that enrollment in FACTS Tuition Management is mandatory for all families. Tuition is set up for automatic withdrawal from the account of my choosing. Incidental fees such as Before/After Care, lunch and After School Activities are also paid through FACTS, but automatic withdrawal is not required. **Initial here** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

# Parent Tuition Agreement for the 2017-2018 School Year

1. **Financial Obligations--** St. Timothy School utilizes FACTS Tuition Management to receive payment for tuition, Before/After Care, Lunch, and After School Activities. Enrollment in FACTS is mandatory for all families. Registration, Materials, and Application/Testing Fees can be paid through the Business Office or through FACTS. For payments allowed through the Business Office, St. Timothy School accepts the following methods of payment: Checks, cash, money order, or debit/credit card. (Make checks payable to "St. Timothy School". Include your child's name on the check.) I understand that tuition is charged at an annual tuition rate and must be paid in full by April 15<sup>th</sup>. The annual tuition rate for both Primary and Preschool is broken down into TEN (ten) equal payments, July through April for my convenience.

- **Tuition payments are due by the 1<sup>st</sup> or the 15<sup>th</sup> of each month.** (When setting up my FACTS account, I will be able to choose either the 1<sup>st</sup> or the 15<sup>th</sup> as my due date). **A late fee of \$30.00** per student will be charged if payment is not received within the month it is due.
- **If my tuition payment and late fee are not received by the last day of the month, my child will not be allowed to attend on the 1<sup>st</sup> of the following month** until tuition has been paid for that past due period.
- **I will not receive any grade reports or transcripts until my account is paid in full.** Student records will **not** be forwarded to a new school until all outstanding tuition and fees have been paid.

I understand that delinquent accounts will be turned over to the School Board for formal review and action and subsequently to a collection agency upon the Board's approval. **No refunds or deductions will be made for temporary absences, illnesses, school holidays, or days missed due to inclement weather.** There will be no payment reminder or payment coupons provided by St. Timothy School, but I can set up my FACTS account in such a way as to receive email or text reminders of invoices due. I also understand that **there is a \$35.00 fee for checks which are returned "Insufficient Funds"** and that after two such checks, I must make all future payments with a MONEY ORDER or in CASH.

**Print Name of Parent/Guardian Responsible for Financial Obligations of Account** \_\_\_\_\_

**I authorize release of financial information for this account to:** \_\_\_\_\_

**Signature of Parent/Guardian Responsible for Account** \_\_\_\_\_ **Date** \_\_\_\_\_

2. **Withdrawal from St. Timothy School** I recognize that St. Timothy School assumes that students are enrolled for the entire school year and will therefore pay the entire annual tuition amount. If unforeseen circumstances require my student to be withdrawn, I understand that **St. Timothy School requires THIRTY (30) days written notice.** I understand that I am also responsible for a tuition payment to cover the last month which my student attends, as well as a tuition payment for the 30 day notice period. Without a 30 day written notice of withdrawal, I understand that I am liable for the entire amount of unpaid tuition for the year. **Initial here** \_\_\_\_\_

### 3. Tuition Payments

I, \_\_\_\_\_, am the Parent/Guardian responsible for financial obligations of the account and agree that this document is a binding agreement between myself and St. Timothy School. I understand that the tuition for my child, \_\_\_\_\_, for the current school year is as follows:

**Tuition** Tuition may be paid by one of the following plans for your convenience:

1. **Annually: 5% discount with one annual payment** paid in full by August 1, 2017.
2. **Quarterly: 2% discount with four quarterly payments.** The first payment is due by July 15, 2017. The second payment is due by September 16, 2017. The third payment is due by December 13, 2017. The fourth payment is due by February 17, 2018. If a payment is missed, the two percent savings must be paid with the next payment.
3. **Monthly:** Tuition is paid on a ten-month plan. **All tuition must be paid by April 15<sup>th</sup>.** The first payment is due by July 15, 2017. The monthly payment is due either the 1<sup>st</sup> or the 15<sup>th</sup> of each month thereafter, continuing through April 15, 2018.

**My primary school payments will be made as follows:** (Please, choose one of the following.)

One annual payment of \$ \_\_\_\_\_.  Four quarterly payments of \$ \_\_\_\_\_.  Ten monthly payments of \_\_\_\_\_

**Signature of Parent/Guardian Responsible for Account** \_\_\_\_\_ **Date** \_\_\_\_\_



## FEES CHECKLIST

(Please, attach the following non-refundable/non-transferable fees.)

- REGISTRATION FEE of \$195.00**
    - o *Re-Registration Fee \$150.00 for returning students*  
(If applicable: apply Early Reg. Discount or add Late Fee)
  - (If Applicable) **BEFORE AND AFTER CARE PROGRAM REGISTRATION FEE of \$75.00 per family**
- Also Attach For Kindergarten & Older:*
- MATERIALS FEE** *Must be paid by May 17, 2017*
    - o Kindergarten & Grade 5: \$285.00
    - o Middle School: \$350
  - APPLICATION AND TESTING/ASSESSMENT FEE of \$50.00**  
(For **new** students only--Kindergarten and Older)

### Before and After Care Program for the 2017-2018 School Year

**Before and After Care Program Registration Fee** (Please attach non-refundable and non-transferable application fee to this form.)  
There is a \$75.00 registration fee for each family enrolled in the Before and After Care Program. To have a guaranteed spot the registration fee **MUST** accompany this completed form.

#### 1. Financial Obligations of the Before and After School Program

The Before and After program is charged at **daily and weekly rates only**, not hourly. I understand that weekly rates will not be adjusted for days missed due to after school activities, illness, holidays, or inclement weather. I understand that if I wish to make changes to my weekly agreement, a two week written notice is required. I understand that fees for the Before and After School Program are invoiced through FACTS during the week of care, and due within 10 days of invoice. I understand that if payment is not made by the due date, a \$30.00 late fee will be assessed to my account, and my child will not be allowed to return to the Before and After School Program until all fees are paid in full. *Initial here* \_\_\_\_\_

#### 2. Hours and Pick-Up of the Before and After Care Program

I understand that the before school care hours begin at 7:00 A.M. and the after school care hours are from end of school day until 6:00 P.M. during the school term August through May on school days only. I understand that during this time, my child will be provided a snack and organized activities. I understand that I must escort my child in and out of the building for the Before and After School Program (there will be no carpool drop-off), and acknowledge time into Before Care and time out of After Care with my signature on the appropriate Sign In/Out sheet. I also understand that I must read and sign a Before and After School Policy Agreement (to be obtained from the Before & After School Director) prior to my child attending the program. **I understand that for late pick-up (after 6:00 P.M.) there will be a charge of \$1.00 per minute per child. Upon the third late incident, the late pick-up charge will be increased to \$2.00 per minute per child payable upon pick-up by cash or check.**

*Parent Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

#### 3. Before and After School Days and Hours for Student's Name \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Morning</b>					
Arrival Time:	_____	_____	_____	_____	_____
<b>Evening</b>					
Pick-up Time:	_____	_____	_____	_____	_____
<b>Days per Week:</b>	_____		<b>Fee per week: \$</b> _____		

I agree that the above information regarding the weekly fee, arrival and pick-up times, and days per week are correct.

*Parent Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Please attach all applicable fees.*

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# Parental Agreements with St. Timothy School

St. Timothy School agrees to provide education and care for

\_\_\_\_\_ on \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
(Name of Child) (Days of Week)  
from \_\_\_\_\_ to \_\_\_\_\_  
(Month) (Month)

MEALS: St. Timothy School provides the following:

- Breakfast provided if your child is a part of Before and After Care program
- Morning Snack provided for preschool children
- Healthy lunches may be brought from home or purchased from school (See monthly lunch menu)
- Afternoon Snack is provided if your child is a part of Before and After Care program

MEDICATION: Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

ARRIVAL & DISMISSAL: My child will not be allowed to enter or leave the facility without being escorted and signed in and out by the parent(s), person authorized by parent (s), or facility personnel.

UPDATES: I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

ACCIDENT/INCIDENT REPORTS: St. Timothy School agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

FIELD TRIPS: St. Timothy School agrees to obtain written authorization from me before my child participates in field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

EMERGENCY CARE: I authorize the child care facility to obtain emergency medical care for my child when I am not available.

HANDBOOK: I have received a copy and agree to abide by the Parent Student Handbook for St. Timothy School.

PROGRESS REPORTS: I understand that the center will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs.

PARENT PARTICIPATION HOURS: I also understand that my participation is encouraged in facility activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

**Facility Administrator/Person-In-Charge:** *Lora Ingram*, Dir.

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